FLASH VetID™ Avian Polyomavirus

Silent in adults. Deadly in the nursery.



Fast test for the qualitative detection of DNA of avian polyomavirus (APV) in whole blood of the bird.

40 minutes	50 µL EDTA whole blood	Room temperature	12 months
TOTAL ASSAY TIME	SAMPLE	STORAGE	SHELF LIFE (FROM MFG)

Detects avian polyomavirus DNA

Ideal for detecting acute, systemic infections in young birds or nestlings

Clinical suspicion:

- Preweaned or juvenile psittacines with sudden lethargy, crop stasis, and rapid deterioration or death within 24–48 hours
- Abdominal distension, haemorrhage or unexplained coagulopathy in a young bird
- Budgerigar fledglings with feather dystrophy or "French moult"
- Unexplained cluster mortality in a nursery, or a healthy adult linked to affected chicks

Screening / prevention programs:

- First presentation of an unweaned or juvenile bird from a breeder, shop or mixed collection
- Before introducing a new bird into an aviary or household with young or breeding psittacines
- Quarantine, pre-/post-purchase assessment, or after contact with an APV-positive bird or outbreak



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The Pathogen and Transmission

Avian polyomavirus (APV; Aves polyomavirus 1) is a small, non-enveloped DNA virus with a broad avian host range, causing its most significant disease in young psittacine birds. It spreads via infected droppings, feather dust, direct contact and vertical transmission. Viraemia generally precedes or accompanies cloacal shedding, and surviving chicks can shed for weeks to months, letting a clinically normal bird sustain transmission within a nursery.

Species-Specific Manifestations

Clinical expression varies sharply by host species and age. In budgerigars, preweaned chicks can develop lethargy, crop stasis, abdominal distention, and haemorrhage progressing rapidly to death, while survivors past about 3 weeks often develop feather dystrophy ("French moult"). In other psittacines, birds under roughly 4 months are most susceptible to fatal disease, while older birds are more often subclinical but may show haemorrhage or coagulopathy. Non-budgerigar psittacine nestlings may shed APV for approximately 12–16 weeks after infection, whereas surviving budgerigars can shed for considerably longer.

The Diagnostic Value Proposition

Because APV can kill chicks peracutely while infected adults often appear healthy, visual screening alone is unreliable. Viraemia develops early and stays detectable in blood even when cloacal shedding is intermittent, making whole blood a strong first-line sample. A same-visit result supports quarantine and breeding-movement decisions before further losses, and helps distinguish APV from BFDV and other causes of feather dystrophy or sudden chick death.

+ Positive Result

Confirms APV DNA in the tested sample and, with compatible clinical signs or exposure history, strongly supports active infection. Isolate from susceptible chicks and breeding groups, and strengthen nursery biosecurity.

– Negative Result

Makes active infection less likely at the time of sampling. It does not rule out subclinical carrier status with intermittent shedding in droppings.

Gold-standard confirmation

For nursery outbreaks, breeding collections or discordant cases, confirm with reference-laboratory qPCR.

Differential diagnostics

Test parallelly for psittacine beak and feather disease virus with FLASH VetID™ BFDV.